

**PATENT NUMBER**

~~U.S. UTILITY Patent Application~~

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| O.I.P.E.             | PATENT DATE |
| SCANNED 1159 Q.A. AA |             |

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| APPLICATION NO.<br>09/661214 | CONT/PRIOR<br>D | CLASS<br>714<br>709 | SUBCLASS<br>237 | ART UNIT<br>2184 | EXAMINER<br>Riehart |
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## APPLICANTS

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### Method and apparatus for transferring data

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PTO-2040  
12/89

| <b>ISSUING CLASSIFICATION</b>       |                 |  |                           |  |  |  |  |  |  |
|-------------------------------------|-----------------|--|---------------------------|--|--|--|--|--|--|
| <b>ORIGINAL</b>                     |                 |  | <b>CROSS REFERENCE(S)</b> |  |  |  |  |  |  |
| <b>CLASS</b>                        | <b>SUBCLASS</b> |  | <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |  |  |  |  |  |
|                                     |                 |  |                           |  |  |  |  |  |  |
| <b>INTERNATIONAL CLASSIFICATION</b> |                 |  |                           |  |  |  |  |  |  |
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| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>  | <b>DRAWINGS</b>                              |             | <b>CLAIMS ALLOWED</b>             |              |
|  | Sheets Drwg.                                 | Figs. Drwg. | Print Fig.                        | Total Claims |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.   | _____<br>(Assistant Examiner) (Date)         |             | <b>NOTICE OF ALLOWANCE MAILED</b> |              |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____<br>_____<br>_____ | _____<br>(Primary Examiner) (Date)           |             | <b>ISSUE FEE</b>                  |              |
|  |  |             | Amount Due                        | Date Paid    |
| <input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.   | _____<br>(Legal Instruments Examiner) (Date) |             | <b>ISSUE BATCH NUMBER</b>         |              |

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